



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Scott McCallum, Governor
Connie L. O'Connell, Commissioner

Wisconsin.gov

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To: General Counsel

Re: Designation of Registered Agent for Service of Process

Sections 601.715 to 601.73, Wis. Stat., regulate the service of process on insurers.

All authorized Insurers are required to designate a registered agent. Once a registered agent is designated, process will not be served through the Office of the Commissioner of Insurance, but service must first be attempted directly on the registered agent or by other means. Under the statutes, the registered agent must be an individual resident of Wisconsin, a corporation, or an authorized Wisconsin insurer. Nondomestic insurers are required to select a person with a Wisconsin address for service. On the back side of this letter is a form to be **signed by an officer** to designate a registered agent.

For your information, you can check the identify of your registered agent as recorded with OCI by viewing OCI's World Wide Web site at http://oci.wi.gov/reg_agnt.htm. All insurers authorized to do business in Wisconsin and their registered agents are listed.

Pursuant to s. 601.42, Wis. Stat., please return the completed form within 14 days of your receipt of this letter. If you have questions, call (608) 266-0090 or write:

Service of Process Section
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Thank you for your cooperation.

Designation of Registered Agent



State of Wisconsin
Office of the Commissioner of Insurance
121 E. Wilson St.
Madison, WI 53702
(608) 266-0090

On behalf of:

I designate the following individual, corporation, or authorized insurer with a Wisconsin address to act as registered agent for service of process under s. 601.715, Wis. Stat. I understand that service of legal process on this registered agent or its office will constitute service on the insurer identified above.

Registered Agent Name		
Registered Agent's Corporation Name		
Street and Room Number (Do NOT use a Post Office Box)		
City	State (The address must be a Wisconsin address) WISCONSIN	Zip Code

I certify that I am an officer of this insurer.

Dated this _____ day of _____, _____

Signature of an Officer of the Insurer	Title
Printed Name of the Officer	Printed Title
Phone Number of the Officer	